MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.
10/572659
APPLICANT(S)

FILING DATE

AFTER
2 ** AMENDMENT
IND. DEP.

(FOR USE WITH FORM PTO-875)

CLAIMS

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| CLAIMS . | 16 | | 17 | | | | | TOTAL CLAIMS | | | | | |

PTO - 1360 (REV. 11/04)

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